

**NATIONAL SECURITY EDUCATION PROGRAM (NSEP)
PROPOSAL COVER SHEET**

YEAR: _____

*Form Approved
OMB No. 0704-0366
Expires Feb 28, 2001*

The public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0366), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM, TOGETHER WITH YOUR PROPOSAL, TO:
INSTITUTIONAL GRANTS, NATIONAL SECURITY EDUCATION PROGRAM, ROSSLYN P.O. 20010, 1101 WILSON BLVD., SUITE 1210, ARLINGTON, VA
22209-2248**

| | | |
|---|--|-----------------------------|
| 1. PROPOSAL STAGE (<i>X one</i>) | 2. INSTITUTION NAME (<i>See Note 1</i>) | 3. FOR NSEP USE ONLY |
| <input type="checkbox"/> PRELIMINARY | | |
| <input type="checkbox"/> FINAL | | |

| | | | |
|---|---|------------------------------------|---|
| 4. INSTITUTION TYPE (<i>X one</i>) | 5. HIGHEST DEGREE LEVEL (<i>X one</i>) | | |
| <input type="checkbox"/> PUBLIC | <input type="checkbox"/> TWO YEAR | <input type="checkbox"/> GRADUATE | <input type="checkbox"/> OTHER (<i>Specify</i>) |
| <input type="checkbox"/> PRIVATE | <input type="checkbox"/> FOUR YEAR | <input type="checkbox"/> DOCTORATE | |

6. PROJECT DIRECTOR

a. NAME (*Last, First, Middle Initial*)

| | | |
|---|--|----------------------------|
| b. TELEPHONE (<i>Include area code</i>) | c. FAX NUMBER (<i>Include area code</i>) | d. ELECTRONIC MAIL ADDRESS |
|---|--|----------------------------|

e. ADDRESS

(1) DEPARTMENT

| | | | |
|---------------------------------|----------|-----------|--------------|
| (2) BUILDING, NUMBER AND STREET | (3) CITY | (4) STATE | (5) ZIP CODE |
|---------------------------------|----------|-----------|--------------|

7. PROPOSAL TITLE

8. BRIEF ABSTRACT OF PROPOSAL (*See Note 2*)

TOTAL AMOUNT REQUESTED FROM NSEP: \$ _____

NOTE 1: Proposals including a formal consortium or informal group of participating institutions must complete Items 9 and 10 on back.

NOTE 2: Also complete Items 11 - 13, if applicable.

| | | | | |
|--|--|--|-----------------|---|
| 9. NAME OF CONSORTIUM <i>(If applicable)</i> | | | | |
| 10. OTHER INSTITUTIONS DIRECTLY PARTICIPATING IN THE PROPOSAL <i>(Identify category of institution: 2 year, 4 year, graduate, doctorate, or other (specify). Continue on additional sheets if necessary.)</i> | | | | |
| NAME OF INSTITUTION (1) | | | CATEGORY (2) | |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| 11. PRINCIPAL LANGUAGE(S) ADDRESSED IN THE PROPOSAL <i>(Continue on additional sheets if necessary.)</i> | | | | |
| a. | | d. | | |
| b. | | e. | | |
| c. | | f. | | |
| 12. PRINCIPAL COUNTRIES OR WORLD REGIONS ADDRESSED IN THE PROPOSAL <i>(Continue on additional sheets if necessary.)</i> | | | | |
| a. | | d. | | |
| b. | | e. | | |
| c. | | f. | | |
| 13. PRINCIPAL DISCIPLINES/PROFESSIONAL STUDIES ADDRESSED IN THE PROPOSAL <i>(Continue on additional sheets if necessary.)</i> | | | | |
| a. | | d. | | |
| b. | | e. | | |
| c. | | f. | | |
| 14. LEGAL APPLICANT <i>(Point of contact for all official correspondence concerning this proposal)</i> | | | | |
| a. NAME <i>(Last, First, Middle Initial)</i> | | | | |
| b. TELEPHONE <i>(Include area code)</i> | | c. FAX NUMBER <i>(Include area code)</i> | | d. ELECTRONIC MAIL ADDRESS |
| e. ADDRESS | | | | |
| (1) DEPARTMENT | | | | |
| (2) BUILDING, NUMBER AND STREET | | (3) CITY | | (4) STATE |
| | | | | (5) ZIP CODE |
| 15. AUTHORIZING OFFICIAL | | | | |
| a. CERTIFICATION The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filing of the application has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved. | | | | |
| b. NAME <i>(Last, First, Middle Initial)</i> | | c. TITLE | | d. TELEPHONE <i>(Include area code)</i> |
| e. SIGNATURE | | | | f. DATE SIGNED |